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**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN  
APPLICATION DATA SHEET (37 CFR 1.76)**

<b>Title of Invention</b>	<b>Chemokines Mutants Having Improved Oral Bioavailability</b>
<p>As the below named inventor(s), I/we declare that:</p> <p>This declaration is directed to:</p> <p><input type="checkbox"/> The attached application, or</p> <p><input checked="" type="checkbox"/> Application No. <u>PCT/EP03/50084</u>, filed on <u>March 31, 2003</u>,</p> <p><input type="checkbox"/> as amended on _____ (if applicable);</p> <p>I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;</p> <p>I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;</p> <p>I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.</p> <p>All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.</p>	

**FULL NAME OF INVENTOR(S)**

Inventor one: AMANDA PROUDFOOT  
Signature: *A Proudfoot* Citizen of: Switzerland

Inventor two: MARIE KOSCO-VILBOIS  
Signature: \_\_\_\_\_ Citizen of: United States

Inventor three: TIMOTHY WELLS  
Signature: \_\_\_\_\_ Citizen of: United Kingdom

Inventor four: \_\_\_\_\_  
Signature: \_\_\_\_\_ Citizen of: \_\_\_\_\_

☐ Additional inventors or a legal representative are being named on \_\_\_\_\_ additional form(s) attached hereto.

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<b>FULL NAME OF INVENTOR(S)</b>	
Inventor one: <u>AMANDA PROUDFOOT</u>	
Signature: _____	Citizen of: <u>Switzerland</u>
Inventor two: <u>MARIE KOSCO-VILBOIS</u>	
Signature: _____	Citizen of: <u>United States</u>
Inventor three: <u>TIMOTHY WELLS</u>	
Signature: _____	Citizen of: <u>United Kingdom</u>
Inventor four: _____	
Signature: _____	Citizen of: _____
<input type="checkbox"/> Additional inventors or a legal representative are being named on _____ additional form(s) attached hereto.	

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

<b>Application Number</b>	10/510,014
<b>Filing Date</b>	September 30, 2004
<b>First Named Inventor</b>	Amanda Proudfoot
<b>Title</b>	Chemokines Mutants Having ...
<b>Art Unit</b>	
<b>Examiner Name</b>	
<b>Attorney Docket Number</b>	ARS-103

I hereby appoint:

☒ Practitioners associated with the Customer Number:

23557

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Amanda Proudfoot		
Signature	<i>A. Proudfoot</i>		
Date	25/2/04	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<b>Filing Date</b>	September 30, 2004
<b>First Named Inventor</b>	Amanda Proudfoot
<b>Title</b>	Chemokines Mutants Having ...
<b>Art Unit</b>	
<b>Examiner Name</b>	
<b>Attorney Docket Number</b>	ARS-103

I hereby appoint:

☒ Practitioners associated with the Customer Number: 23557

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
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## **SIGNATURE of Applicant or Assignee of Record**

<b>Name</b>	Marie Kosco-Vilbois		
<b>Signature</b>	<i>Marie Kosco-Vilbois</i>		
<b>Date</b>	30 Jan 2005	<b>Telephone</b>	733 450 604968

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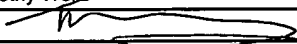
<input type="checkbox"/>	Firm or Individual Name			
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	Address			
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## **SIGNATURE of Applicant or Assignee of Record**

Name	Timothy Wells		
Signature			
Date		Telephone	

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